CITY OF CORAL GABLES, FL

2800 SW 72nd Avenue, Miami, FL 33155 Finance Department / Procurement Division Tel: 305-460-5102/ Fax: 305-261-1601

BIDDER ACKNOWLEDGEMENT

IFB Title: Automotive Body Repair Services	prior to 2:00 p.m., on December 20, 2024, via INFOR and may not be withdrawn for 90
IFB No. 2024-049	calendar days. Submittals received after the specified date and time will not be accepted.
A cone of silence is in effect with respect to this IFB. The Cone of Silence prohibits certain communication between potential vendors and	Contact: Neivy Garcia Title: Procurement Specialist Telephone: 305-460- 5121
the City. For further information, please refer to the City Code Section 2-1027 of the City of Coral	Facsimile: 305-261-1601 Email: ngarcia2@coralgables.com /
Gables Procurement Code.	contracts@coralgables.com
Bidder Name: Molina Garage	FEIN or SS Number: 59-1362309
Complete Mailing Address:	Telephone No. 305-314-420-3
2091 N.W. Tave	Cellular No. 786-147-1155
Indicate type of organization below:	Fax No.:
Corporation: Partnership: Individual: Other:	305-324-7390
Bid Bond / Security Bond (if applicable N/A	Email: Molinasgarage GAtt, Net

ATTENTION: THIS FORM ALONG WITH ALL REQUIRED IFB FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE BID PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM YOUR BID NON-RESPONSIVE.

THE BIDDER CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE IFB DOCUMENTS AND THAT THE BIDDER HAS MADE NO CHANGES IN THE IFB DOCUMENT AS RECEIVED. THE BIDDER FURTHER AGREES. IF THE BID IS ACCEPTED, THE BIDDER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE BIDDER AND THE CITY OF CORAL GABLES, FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS IFB PERTAINS. FURTHER, BY SIGNING BELOW PREFERABLY IN BLUE INK ALL IFB PAGES ARE ACKNOWLEDGED AND ACCEPTED, AS WELL AS, ANY SPECIAL INSTRUCTION SHEET(S), IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND THE PERFORMANCE OF THIS IFB FOR THE ABOVE BIDDER.

Coral Gables and Miami-Dade County Local Preference Acknowledgement. (Check the box if you are asserting you qualify. A valid Coral Gables and or Miami-Dade County business tax receipt must be submitted as proof of qualification.) Please refer to Ordinance 2009-53, § 2, 11-17-2009/Procurement Code Sec. 2-696.

SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA

- The undersigned agrees, if this bid response is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the solicitation, any associated addendum and Contract Documents within the contract time indicated in the solicitation and in accordance with the other terms and conditions of the solicitation and contract documents.
- Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the applicable solicitation.

Madendum No. 1 _ Date 1 - 15 - 2015	Addendum No	Date
M Addendum No. 2 Date 1-15-2035	Addendum No	Date
Addendum NoDate	Addendum No	Date

Failure to adhere to changes communicated via any addendum may render your response non-responsive.

Molina Garage

2091 N.W. 7 Ave

Miami, Fl. 33127

Office 305-324-4203

Cell 786-247-1155

molinasgarage@att.net

January 15, 2025

Section 3A3 - Maintain authorized staffed:

Dani Medina: Responsible for day-to-day business, Estimate, Customer Service, Purchasing ,Contract and all Invoice years of experience performing over 20 years.

Lydia Medina: Responsible for day-to-day business, Account Receivable and Securing everything is going well years of experience performing over 20 years.

Jonathan Cruzlleras: Responsible for day-to-day Inspection for all vehicle in and out years of experience performing over 8 years.

Yornell Penaranda: Responsible for day-to-day Picking up and deliver vehicles, Shipping, Receiving and installing decals years of experience performing over 10 years.

Thank You

Molina Garage

Dani Medina Medun

Lydia Medina Juda Medun

Line Responses For Event # 96-3

Company: 1 Event #: 96-3 Event Name: Automotive Body Repair

Services

Supplier Group: COCGSupplier: 2197Supplier Name: Molina Garage

Supplier Contact: 1 Supplier Contact Name: Dani Medina

Line Responses															
Line #	Item	Description	Vendor Item	Vendor Item Description		Response Quantity		Unit Price	No Cha rge	Bi	No Bid Reason	nse		Awar	Supplier Name Derived
* 1	HOURLY LABOR RATE	Standard Hourly Labor Rate for Auto Body Repair Services			1,200.0 0	1,200.00	HR	40.000	No	No		Yes	No	No	Molina Garage







CITY OF CORAL GABLES REFERENCE FORM

IFB No. 2023-049 Automotive Body Repair Services

Complete the form as indicated below, to provide the required information as outlined in Section 3 of the solicitation. The City shall contact the companies listed below to verify the work performed on behalf of your company. All fields must be completed.

Reference # 1 must cover the minimum three (3) year period from the issuance date of this solicitation.

1.	Project Name/Location	City of Miami
	Owner Name	
	Contact Person	John JR. Babos
	Contact Telephone No.	C-954-871-8707 office 305-329-4872
	Email Address:	jbabos @ miamigov.com
	Yearly Budget/Cost	
	Dates of Contract	From: April 29, 1995 To: Present
	Project Description	Collision Damage Body Work, Repair,
		and Paint Services
Addition	onal References must c	over similar engagements satisfactorily performed in the last three (3)
2.	Project Name/Location	Miami Dade County
	Owner Name	
	Contact Person	Julio Revoredo
	Contact Telephone No.	305-468-2518
	Email Address:	Julio, revoredo Gniamidade, gov
	Yearly Budget/Cost	
	Dates of Contract	From: 8-12-2015 To: Present
	Project Description	Body Work, Repair
		Collision Damage



3.	Project Name/Location	Dana Satety Supply - Miami
	Owner Name	
	Contact Person	Edwin Salgado
	Contact Telephone No.	305-951-4320
	Email Address:	esalgado Gdanasatetysupply com
	Yearly Budget/Cost	
	Dates of Contract	From: 1/2020 To: Present
	Project Description	Repair and Paint
4.	Project Name/Location	Miami Beach
	Owner Name	
	Contact Person	Alian Gonzalez
	Contact Telephone No.	305-673-7490
	Email Address:	aliangonzalez 6 Miamibeachfligou
	Yearly Budget/Cost	
	Dates of Contract	From: 6/10/2003 To: Present
	Project Description	Body Work - Repair
		- Collision Damage
5.	Project Name/Location	
	Owner Name	
	Contact Person	
	Contact Telephone No.	
	Email Address:	





	Yearly Budget/Cost			
	Dates of Contract	From:To:		
	Project Description			
6.	Project Name/Location			
	Owner Name			
	Contact Person			
	Contact Telephone No.			
	Email Address:			
	Yearly Budget/Cost			
	Dates of Contract	From:To:		
	Project Description			
BIDDE	R INFORMATION:			
	m	G		
	ny Name: Molive entative: Day i	medina.		
Address	s: 2091 N.W	· Tave Miami, F1. 3312		
Telepho	one No.: 305-324	-4203		
Fax No.		pavage 6 Att. Net		
Email Address: Molinasgarage 6 Att. Net				

Molina Garage

2091 NW 7 Ave

Miami, Fl. 33127

molinasgarage@att.net

305-324-4203

October 15, 2024

Inventory

Frame Machine

Alignment Machine

Paint Mixer Machine

Air Conditioning Machine 1234Y

Air Conditioning Machine 134

5 Car lifts

Mitchell Estimator Program

Welding Machine Snap-On MM 250SL Aluminum

Welding Machine Snap-On YA 212A

Forklift

Tire Changer

Tire Balancing 1300-2D

Sand blast Machine

Molina Garage

Danny

Local Business Tax Receipt

Miami-Dade County, State of Florida -THIS IS NOT A BILL - DO NOT PAY

334342

BUSINESS NAME/LOCATION MOLINA GARAGE INC 2091 NW 7TH AVE MIAMI, FL 33127-4605

RECEIPT NO. RENEWAL 7605107



EXPIRES SEPTEMBER 30, 2025

Must be displayed at place of business Pursuant to County Code Chapter 8A - Art. 9 & 10



OWNER

MOLINA GARAGE INC

213 AUTO / TRUCK / VAN SERVICE

MV4766

PAYMENT RECEIVED BY TAX COLLECTOR

45.00 07/10/2024

INT-24-421919

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles – Miami–Dade Code Sec 8a–276. For more information, visit www.miamidade.gov/taxcollector



Employee(s)

Miami-Dade County

11805 Coral Way, Suite 230, Miami, FL 33175 786-469-2300

Business Name: Molina Garage, Inc.

Business Location: 2091 NW 7 AVE

Miami, FL 33127

License Number: MVR-01094

Expiration Date: 9/30/2026

BUSINESS LICENSE

Department of Regulatory and Economic Resources - Consumer and Neighborhood Protection

License Type: MVR

Classification: Brake Repair, Engine

Performance, Front End, Heating & Air Conditioning,

Paint & Refinishing, Structural Repair,

Alarm/Radio Installation, Glass Installation, Muffler Installation, Oil Changes, Recreational Trailer Repair, Tire Installation, Vehicle Graphics & Wraps, Vehicle Upholstery, Window Tinting

MIAMI-DAI COUNTY

This registration is **non-transferable**. The registration/license # must be stated in all advertisements.

TO BE POSTED IN A CONSPICUOUS PLACE

Miami-Dade County

11805 Coral Way, Suite 230, Miami, FL 33175 786-469-2300

Issued To: Silvano Dominguez

Mailing Address: 943 NW 106 AVE CIR

Miami, FL 33172

License Number: MVR-E-091718

Expiration Date: 2/15/2027

PROFESSIONAL LICENSE CERTIFICATE

Department of Regulatory and Economic Resources - Consumer and Neighborhood Protection

License Type: Exempt Mechanic

Classification: Brakes, Engine Performance,

Heating & AC



This registration is non-transferable

TO BE POSTED IN A CONSPICUOUS PLACE



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Profit Corporation MOLINA GARAGE, INC.

Filing Information

Document Number 389200 FEI/EIN Number 59-1362309

Date Filed 09/30/1971

State FL

Status ACTIVE

Principal Address 2091 N W 7 AVE MIAMI, FL 33127

Changed: 05/02/2000

Mailing Address 2091 N W 7 AVE MIAMI, FL 33127

Changed: 05/02/2000

Registered Agent Name & Address

Molina, Carmen Gloria 2091 N.W. 7TH AVENUE MIAMI, FL 33127

Name Changed: 02/15/2024

Officer/Director Detail

Name & Address

Title PD

Molina, Carmen Gloria 2091 N W 7 AVE MIAMI, FL 33127

Title VPD

Medina, Dani 2091 N W 7 AVE MIAMI, FL 33127

Title SD

Medina, Lydia 2091 N W 7 AVE MIAMI, FL 33127

Annual Reports

 Report Year
 Filed Date

 2022
 02/22/2022

 2023
 02/08/2023

 2024
 02/15/2024

Document Images

02/15/2024 ANNUAL REPORT	View image in PDF format
02/08/2023 ANNUAL REPORT	View image in PDF format
02/22/2022 ANNUAL REPORT	View image in PDF format
03/02/2021 ANNUAL REPORT	View image in PDF format
02/24/2020 ANNUAL REPORT	View image in PDF format
02/26/2019 ANNUAL REPORT	View image in PDF format
03/08/2018 ANNUAL REPORT	View image in PDF format
02/23/2017 ANNUAL REPORT	View image in PDF format
03/01/2016 ANNUAL REPORT	View image in PDF format
02/09/2015 ANNUAL REPORT	View image in PDF format
02/26/2014 ANNUAL REPORT	View image in PDF format
03/20/2013 ANNUAL REPORT	View image in PDF format
04/12/2012 ANNUAL REPORT	View image in PDF format
04/13/2011 ANNUAL REPORT	View image in PDF format
04/22/2010 ANNUAL REPORT	View image in PDF format
06/17/2009 ANNUAL REPORT	View image in PDF format
04/10/2008 ANNUAL REPORT	View image in PDF format
02/26/2007 ANNUAL REPORT	View image in PDF format
03/12/2006 ANNUAL REPORT	View image in PDF format
01/13/2005 ANNUAL REPORT	View image in PDF format
02/16/2004 ANNUAL REPORT	View image in PDF format
01/21/2003 ANNUAL REPORT	View image in PDF format
01/31/2002 ANNUAL REPORT	View image in PDF format
01/25/2001 ANNUAL REPORT	View image in PDF format
05/02/2000 ANNUAL REPORT	View image in PDF format
03/22/1999 ANNUAL REPORT	View image in PDF format
05/05/1998 ANNUAL REPORT	View image in PDF format
02/25/1997 ANNUAL REPORT	View image in PDF format
03/12/1996 ANNUAL REPORT	View image in PDF format
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02/28/1995 ANNUAL REPORT	View image in PDF format
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Florida Department of State, Division of Corporations

BIDDER'S AFFIDAVIT

SOLICITATION: IFB 2024-049 Automotive Body Repair Services

City of Coral Gables SUBMITTED TO:

Procurement Division 2800 SW 72 Avenue Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this solicitation and the referenced Schedules A through H shall be relied upon by Owner awarding the contract and such information is warranted by the Bidder to be true and correct. The discovery of any omission or misstatements that materially affects the Bidder's ability to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary. terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (Owner, Partner, Officer, Representative or Agent of the bidder that has submitted the attached response). Schedules A through H are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A STATEMENT OF CERTIFICATION
- SCHEDULE B NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C DRUG-FREE STATEMENT
- SCHEDULE D BIDDER'S QUALIFICATION STATEMENT
- SCHEDULE E CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE
- SCHEDULE F AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G PUBLIC ENTITY CRIMES
- SCHEDULE H ACKNOWLEDGEMENT OF ADDENDA

This affidavit is to be furnished to the City of Coral Gables with its solicitation response. It is to be filled in, executed by the bidder and notarized. If the response is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the solicitation response.

Manager 12/2/2024

STATE OF FlorIDA	
COUNTY OF MIAMI - DABE	_
On this <u>05</u> day of <u>December</u> , 20 <u>2</u>	
the State of Florida, personally appeared_	(Name(s) of individual(s) who appeared before Notary
And whose name(s) is/are subscribes to within	the instrument(s), and acknowledges it's
execution.	
Mofund Weich MOTARY PUBLIC, STATE OF FLORIDA	
Robert J. Waters	
(Name of notary Public; Print, Stamp or	

Personally know to me, or Produced Identification:

FURIDA PRIVER LICENSE (Type of Identification Produced)

Type as Commissioned.)

NOTARY PUBLIC SEAL OF OFFICE:



SCHEDULE "A" - CITY OF CORAL GABLES - STATEMENT OF CERTIFICATION

Neither I, nor the company, hereby represented has:

He/she is the _____

with the award of this Contract.

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any company or person (other than a bona fide employee working solely for me or the company) to solicit or secure this contract.
- agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any company or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any company, organization or person (other than a bona fide employee working solely for me or the company) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT

	(Owner, Partner, Officer, Representative or Agent)
	of the bidder that has submitted the attached bid response.
2.	He/she is fully informed with respect to the preparation and contents of the attached bid response and of all pertinent circumstances respecting such response;
3.	Said response is made without any connection or common interest in the profits with any other persons making any response to this solicitation. Said response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of bidder's officers of employees are employed by the City, indicate name and relationship below. Name: Relationship:
	Name:

No lobbyist or other bidder is to be paid on a contingent or percentage fee basis in connection

SCHEDULE "C" CITY OF CORAL GABLES - VENDOR DRUG-FREE STATEMENT

Preference may be given to bidders submitting a certification with their bid/proposal certifying they have a drug- free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

- 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- Give each employee engaged in providing the commodities or contractual services that are under solicitation a copy of the statement specified in subsection (1).
- 4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or noto contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free work place program in accordance with State Statute 287.087

SCHEDULE "D" CITY OF CORAL GABLES - BIDDER'S QUALIFICATION STATEMENT

The undersigned declares the truth and correctness of all statements and all answers to questions made hereinafter:

GENERAL COMPANY INFORMATION:	
Company Name: Molina Garage (Body Shop)	
Address: 2091 N.W. Tave Miami, Fl. 33127 Street City State Zip Code	
Telephone No: 35 324-4203 Fax No: 35 334-7390 Email: Molina Sgarage 6 At	tt, Ne
How many years has your company been in business under its present name? 52 Years	
If company is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statue:	ne
N/A	
Under what former names has your company operated? :	
At what address was that company located? Some Address	
Is your Company Certified? Yes No If Yes, ATTACH COPY of Certification.	
Is your Company Licensed? Yes No If Yes, ATTACH COPY of License	
Has your company or its senior officers ever declared bankruptcy?	
YesNo If yes, explain:	
LEGAL INFORMATION:	
Please identify each incident within the last five (5) years where a civil, criminal, administrative, of similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning bidder's rights, remedies or duties under a contract for the same or similar type services to be proviunder this solicitation (A response is required. If applicable please indicate "none" or list specinformation related to this question. Please be mindful that responses provided for this question. Wo ne	the ided cific
Has your company ever been debarred or suspended from doing business with any government entity?	
Yes No If Yes, explain	

SCHEDULE "E" CITY OF CORAL GABLES - CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

SCHEDULE "F" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION STATEMENT

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V. Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513. Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

SCHEDULE "G" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

- 1. I understand that a "public entity crime" as define in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
- I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), <u>Florida Statutes</u>, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

- 3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 - 1. A predecessor or successor of a person convicted of a public entity crime; or 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
- 4. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
- the entity submitting this sworn statement. [Must indicate which statement below applies.]

 Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime

subsequent to July 1, 1989.

Based on information and belief, the statement which I have marked below is true in relation to

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity subsequent to July 1, 1989.

____The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

[Attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA

- 1. The undersigned agrees, if this bid response is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the solicitation, any associated addendum and Contract Documents within the contract time indicated in the solicitation and in accordance with the other terms and conditions of the solicitation and contract documents.
- 2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the applicable solicitation.

Addendum NoDate	Addendum No	Date
Addendum NoDate	Addendum No	Date
Addendum NoDate	Addendum No	Date

Failure to adhere to changes communicated via any addendum may render your response non-responsive.



PRODUCER

CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY) 12/02/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT Jessica Blanco

NEA Insurance Group, LLC			PHONE (A/C, No, Ext): (305)221-2400 FAX (A/C, No): (305)221-2411							
		E-MAIL ADDRE	Ess: jessica@av	ante-nea.com						
870	00 W. Flagler St., Suite 401		INSURER(S) AFFORDING COVERAGE						NAIC#	
Mia	ami FL 33	1174 INSUR	INSURER A: StarStone National Insurance Co						25496	
1000	URED	INSUR	INSURER B: Associated Industries Insurance Company, Inc.							
000000	lina Garage, Inc.	INSUR	INSURER C :							
209	91 NW 7th Avenue	INSUR	INSURER D :							
			INSURER E :							
Mia		127 INSUR	INSURER F:							
	VERAGES PROD / CUSTOMER ID: 00002085		TELL TOPTIE II.	L2441512689	- 10	EVISION #				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR	ADDL SUBR		POLICY EFF	POLICY EXP			LIMIT	0		
LTR	GARAGE LIABILITY HIRED AUTOS	CY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			LIMIT	5		
A	ANY AUTO NON-OWNED AUTOS USED 76G A0004063	650	02/23/2024	02/23/2025	AUTO ONLY (Ea accident)		\$	1,000,000		
2.55	OWNED IN GARAGE AUTOS ONLY BUSINESS	000	02/20/2024		OTHER THAN AUTO ONLY	EAACCID	ENT	\$	1,000,000	
						AGGREGA	ATE	\$	1,000,000	
	GARAGE KEEPERS LIABILITY				X COMP /	LOC	1	\$	300,000	
Α	LEGAL LIABILITY 76GA0004063	650	02/23/2024	02/23/2025	SPECIFIE PERILS	FD FOC		\$		
	X DIRECT BASIS				COLLISIO	ON LOC	1	\$	300,000	
	PRIMARY EXCESS					LOC		\$		
	COMMERCIAL GENERAL LIABILITY				EACH OCCUR			\$		
	CLAIMS-MADE OCCUR		1		DAMAGE TO RENTED PREMISES (Ea occurrence) \$					
					MED EXP (Any one person) \$		\$			
					PERSONAL & ADV INJURY		\$	2 000 000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE		\$	2,000,000		
	JECT LOC				PRODUCTS - 0	COMP/OP A	GG	\$		
_	OTHER: UMBRELLA LIAB OCCUR		+					\$		
	EXCESS LIAB CLAIMS-MADE				EACH OCCUR	RENCE		\$		
					AGGREGATE			\$		
_	DED RETENTION \$ WORKERS COMPENSATION				X PER STATUTE	0	TH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			01/08/2025	parent management of the	27 THE STREET	K	s	500,000	
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) AWC1202489		01/08/2024		E.L. EACH ACC		VEE	\$	500,000	
	If yes, describe under REMARKS below				E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$	500,000		
	NEMARKS DELW				E.E. DIOENGE	TOLIOT LI		*		
REM	MARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is	required)								
CE	RTIFICATE HOLDER	CAN	CELLATION							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
	Insurance Compliance	AUTHO	ORIZED REPRESEN	TATIVE						
	PO BOX 100085-CE				1011					
Duluth GA 30096										
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Miami-Dade County

11805 Coral Way, Suite 230, Miami, FL 33175 786-469-2300

Business Name: Molina Garage, Inc.

Business Location: 2091 NW 7 AVE

Miami, FL 33127

Expiration Date: 9/30/2026

License Number:

MVR-01094

BUSINESS LICENSE

Department of Regulatory and Economic Resources - Consumer and Neighborhood Protection

License Type: MVR

Classification: Brake Repair, Engine

Performance, Front End,

Heating & Air Conditioning,

Paint & Refinishing,

Structural Repair,

Alarm/Radio Installation, Glass Installation, Muffler

Installation, Oil Changes,

Recreational Trailer Repair, Tire Installation, Vehicle Graphics & Wraps, Vehicle

Upholstery, Window Tinting

SOUNTY :

This registration is **non-transferable**. The registration/license # must be stated in all advertisements.

TO BE POSTED IN A CONSPICUOUS PLACE



City of Coral Gables Finance Department/Procurement Division

THE STATE OF EXPLICIT STATE OF EXPLICATION OF THE PROPERTY OF EXPLICATION OF THE PROPERTY OF EXPLICATION OF THE PROPERTY OF TH

Employer E-Verify Affidavit

By executing this affidavit, the undersigned employer verifies its compliance with F.S. 448.095, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in F.S. 448.095 which prohibits the employment, contracting or sub-contracting with an unauthorized alien. The undersigned employer further confirms that it has obtained all necessary affidavits from its subcontractors, if applicable, in compliance with F.S. 448.095, and that such affidavits shall be provided to the City upon request. Failure to comply with the requirements of F.S. 448.095 may result in termination of the employer's contract with the City of Coral Gables. Finally, the undersigned employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

183 [5 13
Federal Work Authorization User Identification Number
May 24, 2022
Date of Authorization
I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on $12/05/3024$ in MIAMI (city), FL (state).
Signature of Authorized Officer or Agent
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 57H DAY OF DEcember ,20 24.

NOTARY PUBLIC
My Commission Expires:

10077676



My Company Account

My Company Profile

Company Information

Company Name

Molina Garage

Company ID

1837575

Employer Identification Number (EIN)

591362309

DUNS Number

591362309

NAICS Code

811

Subsector

Repair and Maintenance

Edit Company Information

Doing Business As (DBA) Name

Molina Garage

Enrollment Date

May 24, 2022

Unique Entity Identifier (UEI)

Total Number of Employees

5 to 9

Sector

Other Services (Except Public Administration)

Employer Category

None of these categories apply

Edit Employer Category

Company Addresses

Hiring Sites

Physical Address

2091 NW 7 AVE MIAMI, FL 33127

Mailing Address

Same as Physical Address

Number of Sites

1

Edit Hiring Sites

Edit Company Addresses

Company Access and MOU

My Company is configured to:

Memorandum of Understanding

Verify Its Own Employees

View Current MOU

U.S. Department of Homeland Security U.S. Citizenship and Immigration Services

Accessibility Plug-ins Site Map



My User Profile

Dani Medina

User Information

User ID

DMED5334

Last Name

Medina

Middle Initial

Phone Number

(305) 324-4203

Edit User Information

Email Address

molinasgarage@att.net

First Name

Dani

Password

Password Expires

March 1, 2025 (in 89 days)

Change Password

<u>U.S. Department of Homeland Security</u> <u>U.S. Citizenship and Immigration Services</u> <u>Accessibility Plug-ins Site Map</u>





CITY OF CORAL GABLES FINANCE DEPARTMENT/PROCUREMENT DIVISION LOBBYIST REGISTRATION FORM

SOLICITATION NAME/NUMBER:	1	'A
	7	

The Bidder/Proposer certifies that it understands if it has retained a lobbyist(s) to lobby in connection with this specific competitive solicitation that each lobbyist retained has timely filed the registration or amended registration required under the City of Coral Gables Lobbyist Registration requirement pursuant to Ordinance 2021-24 as outlined below:

Lobbyist means an individual, firm, corporation, partnership, or other legal entity employed or retained, whether paid or not, by a principal, or that contracts with a third-party for economic consideration to perform lobbying activities on behalf of a principal.

Lobbying activity means any attempt to influence or encourage the passage or defeat of, or modification to, governmental actions, including, but not limited to, ordinances, resolutions, rules, regulations, executive orders, and procurement actions or decisions of the city commission, the mayor, any city board or committee, or any city personnel. The term "lobbying activity" encompasses all forms of communication, whether oral, written, or electronic, during the entire decision-making process on actions, decisions, or recommendations which foreseeably will be heard or reviewed by city personnel. This definition shall be subject to the exceptions stated below.

Procurement matter means the city's processes for the purchase of goods and services, including, but not limited to, processes related to the acquisition of: technology; public works; design services; construction, professional architecture, engineering, landscape architecture, land surveying, and mapping services; the purchase, lease or sale of real property; and the acquisition, granting, or other interest in real property.

City personnel means those city officials, officers and employees who are entrusted with the day-to-day policy setting, operation, and management of certain defined city functions or areas of responsibility, even though ultimate responsibility for such functions or areas rests with the city commission, with the exception of the City Attorney, Deputy City Attorney, and Assistant City Attorneys, advisory personnel (members of city advisory boards and agencies whose sole or primary responsibility is to recommend legislation or give advice to the city commission); and any employee of a city department or division with the authority to participate in procurement matters, when the communication involves such procurement.

Affidavit requirement. The following provisions shall apply to certain individuals who, in procurement matters participate in oral presentations or recorded negotiation meetings and sessions:

- a. The principal shall list on an affidavit form, provided by the City, all technical experts or employees of the principal whose normal scope of employment does not include lobbying activities and whose sole participation in the city procurement matter involves an appearance and participation in a city procurement matter involves an appearance and participation in an oral presentation before a city certification, evaluation, selection, technical review or similar committee, or recorded negotiation meetings or sessions.
- b. No person shall appear before any procurement committee or at any procurement negotiation meeting or session on behalf of a principal unless he/she has been listed as part of the principal's presentation or negotiation team or has registered as a lobbyist. For purposes of this subsection only, the listed members of the oral presentation or negotiation team shall not be required to separately register as lobbyists or pay any registration fees. The affidavit will be filed by the city procurement staff with the city clerk at the after the proposal is submitted or prior to the recorded negotiation meeting or session. Notwithstanding the foregoing, any person who engages in lobbying activities in addition to appearing before a procurement committee to make an oral presentation, or at a recorded procurement negotiation meeting or session, shall comply with all lobbyist registration requirements.

The pidder/Proposer hereby certifies that: (select one)

It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if one is retained anytime during the competitive process and prior to contract execution for this project, the lobbyist will properly register with the City Clerk's Office within two (2) business days of being retained with copy to the city procurement staff.

It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under the City of Coral Gables

CITY OF CORAL GABLES FINANCE DEPARTMENT/PROCUREMENT DIVISION LOBBBYIST REGISTRATION FORM

Lobbyist Registration requirement pursuant to Ordinance 2021-24 Section and that the required affidavit has been properly filed

It is a requirement of this solicitation that the following information be provided for all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist: X A	
Lobbyist's Firm (if applicable):	
Phone:	
E-mail:	
5./0	
Name of Lobbyist: Name of Lobbyist:	
Lobbyist's Firm (if applicable):	
Phone:	
E-mail:	
Name of Lobbyist: Name of Lobbyist:	
Lobbyist's Firm (if applicable):	
Phone:	
E-mail:	
(0	
Name of Lobbyist: N/H	
Lobbyist's Firm (if applicable):	
Phone:	
E-mail:	
Authorized Signature:	
Printed Name: Dan Met Vis	
Date: 12-2-2024	
Title: Managen	
Bidder/Proposer Name: Malina Gacase	